OBJECTIVE
To perform a needs analysis of Medicine trainees’ exposure to sexually harassing behavior as a first step towards developing an educational intervention to improve resident knowledge and sense of self-efficacy with regard to identifying, preventing and managing disruptive workplace behavior especially forms of harassment.

BACKGROUND
In November 2014, a high profile national news article and subsequent Faculty-wide town hall meetings prompted numerous discussions about Medical School culture with regard to sexual harassment and workplace climate. The Department of Medicine embarked on a survey to explore the prevalence of sexual harassment experienced by their trainees (residents and fellows). Additionally, the Yale New Haven Hospital Psychiatric Consultation-Liaison service was contacted by the Medicine program to provide training and education regarding violence de-escalation after an incident of aggressive behavior on an in-patient unit. All these events suggested the need for an educational intervention to improve residents’ comfort level in dealing with boundary transgressions.

METHOD
The survey was developed by Department of Medicine leadership and administered electronically through Yale Qualtrics survey tools to approximately 300 Medicine residents and fellows with reminders sent every week for three weeks. Respondents were informed of the rationale for the survey and reminded that their participation was voluntary and responses were non-identifiable and anonymous. Questions included basic demographic information as well as a list of potentially discomforting experiences which trainees need not necessarily characterize as harassment.

DISCUSSION
The survey results taken together with residents’ own descriptions of difficulties in managing aggressive patient behavior, indicate that there is a significant need for skills-training. Trainees reported a range of belittling, harassing and at times frightening encounters in the workplace, most often related to, but not limited to the patient-physician interaction. Other trainees and supervisors were the next cited source.

CONCLUSIONS
Next steps would be to develop an educational curriculum which would include didactic sessions, observed role-play and simulated patients. One model already in use at Yale New Haven Hospital and developed by psychiatric Clinical Nurse Specialists Nancy Tommasini and Patricia Cunningham provides a toolkit of techniques with an interdisciplinary approach (involving hospital security, nurses and MDs). This could be adapted to the specific needs of trainees.

REFERENCES

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